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1	TOTAL CLAIM	MS	(Colu	(Column 1) (Co			<u> </u>	TYPE				LL ENTITY
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Ľ	MULTIPLE DEPENDENT CLAIM PRESENT					. 🗆						
ŀ	• If the difference in column 1 is less than zero, enter "0" in column 2							+.18		_]°	500	1.
	CLAIMS AS AMENDED - PART II								1 39			<u> </u>
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H	the entry in colum	n 1 is less than the	entry in colum	+ nn 2. write *0* i	n colum	ma.	L	180=		OR	+ 3607	
 ii	the Highest Num	ber Previously Palo	FOR IN THIS	SPACE is less	than 2	0, enter 20.		TOTAL NT. FEE	:	OR A	TOTAL DOIT, FEE	
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